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ABSTRACT

This guide for Maryland schools outlines the role of school health services and proper facility design for these services. Chapter 1 provides an overview, describing coordinated school health programs, school health services programs, school health services programs in Maryland, how school health services are delivered, trends, the number of health suite visits, and school-based health centers. Chapter 2 focuses on facility design, discussing design concepts, state regulations, the facility planning process, facility design (addressing activities, users, space configuration/relationships, utilities, finishes, furniture and equipment, display, and storage), space requirements, and sample floor plans. (EV)

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School Health Services

A Facility Planning and Design Guide for School Systems

MARYLAND STATE DEPARTMENT OF EDUCATION

2002

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School Health Services

A Facility Planning and Design Guide for School Systems

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Foreword

There is a strong relationship between academic achievement and a student's physical and psychological health. This link is the foundation for providing school health services as an important component of a school program. School health services programs provide primary prevention aimed at keeping students in school through appropriate screenings, early identification of children at risk for physical, emotional and mental health concerns, and case management of students with chronic health needs.

School health services have steadily changed in the last two decades. The annual number of students seen by the school health services professional has increased. Also, the type and complexity of health services has expanded. There are several reasons:

- Chronic health conditions such as asthma, attention deficit hyperactivity and type II diabetes, are on the rise.

- The 1997 amendments to the Individuals with Disabilities Education Act strengthened the concept of *least restrictive environment* - providing programs and services to students with disabilities at the least distance from mainstream education programs. More students with disabilities have become the primary responsibility of the general education school staff and classroom teacher. Students with severe disabilities are now receiving their education in general education elementary and secondary schools.

- With the increase of pre-kindergarten and child development programs, an increasing number of younger children are housed in elementary and secondary schools.

I am pleased to provide this facility guide on school health services. My hope is that these guidelines will assist school system staff, architects and others involved in the school facility construction planning process.

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Chapter I

SCHOOL HEALTH SERVICES PROGRAMS

COORDINATED SCHOOL HEALTH PROGRAMS

As the Maryland State Department of Education (MSDE) examines the needs of children to determine how they can be academically successful, it is evident that there is an undeniable link between a child's physical, emotional, and mental health and their success. School Health Services programs are an integral component of a school's comprehensive student services that promote students' optimal learning ability and maximize learning opportunities by supporting, maintaining and improving their physical, emotional and mental health.

Many health problems facing students today are both interrelated and preventable. Through coordinated school health programs, schools have the opportunity to help young people acquire the knowledge and skills necessary to make healthy choices. The American School Health Association, the Council of Chief State School Officials, Association of State & Territorial Health Officers, the National Association of State Boards of Education, and the Centers for Disease Control recommend a coordinated school health model which extends beyond the health suite.

A coordinated program is holistic - not focusing solely on physical health but also addressing mental, social, and emotional health issues identified in the eight components of school health. The success of a coordinated school health program depends on the effective integration of these components and subsequently the academic success of children. The school registered nurse (RN) is an integral member of this process. The eight components are:

- **School health services** that promote the health of students through prevention, case finding, early intervention and remediation of specific health problems, provision of first aid and triage of illness and injuries.
- **Health instruction** through written, sequenced pre-K to grade 12 curriculum which is age appropriate and based on students needs and current emerging health concepts and societal issues. This includes knowledge and skills which enable students to assume personal responsibility for decisions regarding injury prevention; community, consumer, and environmental health issues; disease prevention and control; family life/human sexuality; nutrition; personal health; mental health; and tobacco, alcohol and other drug use.
- **Safe and healthful environment** which contributes to mental comfort, social development, and safety of students and school personnel.
- **School counselors, pupil personnel workers, social workers and psychologists** foster the positive climate of the school and work in partnership with teachers, nurses, and other school personnel to develop a plan for helping each student at risk.
- **School Food and Nutrition Services Programs** that provide nutritionally balanced meals, support health education and allow students and staff to make healthful dietary choices.
- **School Wellness Programs** that invest in the health and well-being of faculty and staff strengthen school morale, and enhance the effectiveness of working with students.
- **School Physical Education Programs** that teach lifetime fitness and physical activity, and promote an active life style that contributes to the prevention of disease and maintenance of mental health.
- **Integration of school and community approach** that includes a school health advisory council with representation from school faculty and staff, parents and community leaders who can provide leadership and support for the establishment of an ongoing comprehensive plan for the school health program.

Reference: Missouri Department of Elementary & Secondary Education. NASN-Orientation Manual, 1997

SCHOOL HEALTH SERVICES PROGRAMS

School health services programs are based on services provided by the professional registered nurse. "School nursing is a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning." National Association of School Nurses (NASN) 1999.

Lillian Wald established school nursing in 1902 as a result of her advocacy. She was a nurse, social worker, public health official, teacher, author, editor, publisher, women's rights activist and the founder of American community nursing.

She was convinced that public schools must accommodate the needs of all their students and that all children deserve access to adequate health care and nutrition. Wald successfully lobbied the New York City Board of Education to hire a teacher to teach special education classes for children with learning disabilities and physical handicaps. In 1902, she pressured the school system to provide school nurses and succeeded in having Lina L. Rogers hired as New York City's first public school nurse. In addition to treating students, she made home visits, and helped children who had received no previous medical attention recover and return to school. Shortly thereafter, the Board of Health hired an additional twelve school nurses.

SCHOOL HEALTH SERVICES PROGRAMS IN MARYLAND

Since 1991, the Code of Maryland Regulations (COMAR) 13A.05.05.05 through 13A.05.05.15, School Health Services Standards, have mandated health coverage in schools by a school health services professional. The school health services professional is defined in COMAR as a physician, certified nurse practitioner, or registered nurse, with experience and/or training in working with children or school health programs. Local school systems, with the assistance of local health departments, are responsible for providing school health services in all public schools. Each jurisdiction determines the school health services model that it wishes to use.

Components of a School Health Services Program

Maryland has 24 school jurisdictions ranging in size from 8 to 192 schools and from 2,795 to over 134,000 students (MSDE FACT BOOK, September 2000). The school health services programs are designed to meet the needs of the individual jurisdictions and their communities. The programs are impacted by several state and federal laws that require specific school health services to be provided, including:

- **Vision and Hearing Screening** *(Maryland Annotated Code 7-404)*
- **Scoliosis Screening** *(Maryland Annotated Code 7-405; COMAR 13A.05.05.07C)*
- **Review of Preschool Physicals** *(Maryland Annotated Code 7-401; COMAR 13A.05.05.07B)*
- **Care and follow up of Students with Special Health Care Needs** *(COMAR13A.05.05.07-.08)*
- **Health Counseling** *(COMAR 13A.05.05.07D)*
- **Immunization Compliance** *(COMAR 10.06.04)*
- **Medication Administration** *(COMAR 13A.05.05.08F)*
- **Staff Development** *(COMAR 13A.05.05.11)*
- **Communicable Disease Control** *(COMAR 13A.05.05.07E)*

- **Emergency Services** *(COMAR 13A.05.05.09)*
- **Nursing Services e.g., treatments, assessments, counseling, tracheostomy and gastric tube care, etc.** *(IDEA- The Individuals with Disabilities Education Act; 20 U. S. C. Subsection 1400 (1997) and COMAR 13A.05.05.08E; 29 U. S. C. Subsection 794 (1973)*
- **Americans with Disabilities Act** - *42 U. S. C. Subsection 12101 (1990)*
- **Programs of Pupil Services** *(COMAR 13A.05.05.01-.15)*

Additionally, school health services programs provide employee wellness programs, case management of children with health concerns, and other services/ programs based on student and employee needs.

What do School Registered Nurses Do?

School registered nurses support student success. They are an integral part of school multi-disciplinary teams, bridging the gap between health and wellness and learning. School registered nurses identify student health-related concerns and make accommodations and/or interventions to support learning. They also focus on early detection and correction of health problems. School registered nurses promote and protect the optimal health of students. They work with families and students to develop individualized health care plans for students with health needs. They provide health counseling to students and their families, as well as school staff. School nurses play a significant role in decreasing absenteeism.

They identify and report school environmental concerns. They determine which nursing services can be delegated, and provide supervision for the one to whom he or she delegates. Working with other health professionals and ancillary personnel, the school registered nurse provides services for students that promote optimum health for academic success. The school registered nurse provides the necessary professional expertise to identify, assess, plan, implement and evaluate the health needs of the school community. Program emphasis is directed toward prevention of disease and promotion of health utilizing health services, health counseling, and health education.

HOW SCHOOL HEALTH SERVICES ARE DELIVERED

Staffing of Programs

There is no uniform national nurse to student ratio. The number of registered nurses responsible for the school health services program should be determined by a needs assessment of the student population and community. Other factors to consider are the number of children with special health care needs, number of buildings, and distance and travel time between buildings.

Maryland jurisdictions have met the challenge of providing health services programs with creativity and a commitment to children, despite the challenge of locating available resources. As a result, several staffing models have been developed by which health care services are delivered. The School Health Services Standards do not prescribe how services will be delivered, only that they are provided.

The School Health Standards state that, "With the assistance of the local health department, each County Board shall provide adequate school health services." Each jurisdiction has responded to this mandate differently. In some jurisdictions, the entire school health services program is administered by the local school system and the local health department is utilized for assistance with screenings, development of policies and procedures and for medical consultation. In other jurisdictions, departments of health provide the entire school health services program and collaborate with the school system for the development of policies and procedures and act as liaison with school administrators and staff.

There are two major types of programs that have been utilized to deliver school health services. One utilizes a RN in each school and the other assigns a RN to several schools. When the RN is responsible for several schools, she/he delegates selected treatments and medication administration to a certified paraprofessional who is assigned to the school.

- **The model, which utilizes a RN in every school.** In this model, any student who arrives at that school and requires nursing services can be accommodated including treatments that can only be performed by a licensed nurse (i.e., a tube feeding or chest assessment for an asthmatic student). Fourteen (14) of Maryland s twenty-four (24) jurisdictions use this model.

- **The model, which utilizes one RN for every 1-4 schools, and has a paraprofessional at every school.** The RN is responsible for the training and supervision of the paraprofessional at each school, and delegating to this staff person medication administration and first aid. The number of schools assigned to the RN is usually determined by the enrollment of the school(s) and their geographic location to each other. This model allows the RN to attend school and parent meetings, participate in special education meetings, perform treatment, and provide classroom teaching and home visits. The RN retains responsibility for the management and care provided in the health suite. Seven (7) jurisdictions utilize this model.

Three (3) jurisdictions continue to work to provide a full-time health staff person in every school.

TRENDS

The Education for All Handicapped Children Act — originally passed in 1975 and later amended and renamed the Individuals with Disabilities Education Act (IDEA) — guarantees a free appropriate public education to all children in the least restrictive environment. The least restrictive environment provision requires students with disabilities to be placed where they can receive special education services at the least distance from mainstream education programs. To the maximum extent possible, they must be educated with nondisabled students. As a result of that legislation, many children with disabilities, who previously would have been institutionalized or assigned to special education buildings, now attend public schools.

The interpretation of federal regulations concerning the proper placement of students with disabilities has changed. Placements acceptable in the 1970's and 1980's are now considered too restrictive. Many students who previously would have been placed outside the general classroom, their neighborhood school, or even their public school system, have been moved to less restrictive environments.

More students with disabilities have become the primary responsibility of the general education classroom teacher and school staff. Students with severe disablities are being placed in general education elementary and secondary schools.

School registered nurses now may care for students with intravenous tubes for medication, gastrostomy (feeding) tubes, tracheostomies, and ventilators. These advanced technological devices require care and monitoring. School nurses assist students in wheelchairs unable to use the toilet by themselves or requiring the insertion of a catheter. With ever improving

technology, the number of infants surviving difficult births increases, though these infants may also present a number of health concerns. Some of these children enter school requiring specialized services. Chronic health conditions such as asthma, attention deficit hyperactivity disorder, and Type II diabetes continue to rise.

The number of secondary schools which offer child development classes and the number of preschool students continues to grow. The impact to school health services programs includes the need for equipment and supplies for toddlers through adolescents and school registered nurses with an extensive knowledge base in pediatrics, mental and community health, as well as adolescent health.

Alternative schools that provide specialized programs for students with emotional and behavioral needs continue to expand. The school registered nurse assigned to this school population needs strong skills in counseling, mental health, and knowledge of a wide variety of psychotropic drugs.

Use of computers in health rooms is growing. Computers assist school registered nurses with the efficient management of the health suite. Computers also provide school registered nurses with two other necessities: support and information.

The need for school health services positions across the state continues to increase. The shortage of nurses has had an impact on school nursing and school health services programs. Local jurisdictions are challenged in retention and recruitment of health staff, in some areas competing with larger acute care centers and struggling to offer competitive salaries with benefits. Substitute coverage for the school health staff, due to the shortage of staff, continues to present challenges to local programs.

NUMBER OF HEALTH SUITE VISITS

Maryland's school health staff provided services for children in over 5.4 million visits to health suites during the 2000/2001 school year, not including the administration of medication. These students were assessed and treated by staff trained in health and health care emergencies. They provided parents with detailed information about their child's condition so that parents could make an informed decision regarding whether they needed to leave work to pick up their children. Schools report that having health staff in their building has increased the number of children returning to class after a visit to the health suite, thereby decreasing the number of students sent home and missing valuable instruction time.

- **5.4 million student visits** occurred in health suites during the 2000/2001 school year.
- **An average of 82%** of students were able to return to their classes.
- Over **4.6 million doses of medication** were given in schools last year.

Activities that take place in a Health Suite

Examples of the kinds of activities that take place in a health suite include but are not limited to the following:

- *Provision of basic first aid: illness and injury.*
- *Emergency care.*
- *Care and observation of ill and injured students.*
- *Administering of medications - oral, inhaled, g-tube, trach, rectal, IV, by injection.*
- *Ostomy care.*
- *Health counseling.*
- *Blood glucose monitoring.*
- *Vision and hearing screening.*

- *Scoliosis screening.*
- *Head lice screening and management.*
- *Private conferences with parents, students, staff.*
- *Meetings....SADD, smoking cessation, asthma, diabetes.*
- *Height and Weight screening.*
- *Teaching student self care.*
- *Toileting of special needs students.*
- *Positioning of special needs student.*
- *Isolation of students with suspected communicable disease.*
- *Documentation of practice.*
- *Preparation of emergency and routine care plans.*
- *Preparation for health education lessons.*
- *Preparation of state health reports.*
- *Planning for health needs of students on field trips.*
- *Training of staff and students.*
- *Mentoring/precepting of student nurses.*
- *Staff health activities.*
- *Distribution of health information to students/staff.*
- *Preparation for meetings.*
- *Crisis intervention.*
- *Storage and maintenance of records.*
- *Administration/supervision of medical treatments - tube feeding, tracheostomy care, clean catheterization, nebulizer treatment, ostomy care.*
- *Consultation with parents, teachers, administrators.*
- *Preparation of reports.*
- *Review of immunization and emergency health records.*
- *Preparation of health plans - individual and school crisis.*
- *Planning/coordinating screening and wellness programs.*
- *Supervision of health assistant performance, conduct performance conferences.*
- *Phone and on-line communications.*

Staff and others that use the health suite daily include school registered nurses, licensed practical nurses, health assistants, one-on-one care providers for students with special health concerns, clerical staff, faculty, student counseling groups, and parents. Staff that use the health suite episodically might include:

- Vision and hearing screeners - once or twice a year.
- Staff trainers.
- Staff reviewing immunization records.
- Nursing students.

SCHOOL-BASED HEALTH CENTERS

The number of school-based health centers in Maryland continues to grow. They provide access to care perhaps previously unattainable to some children and provide parents with the comfort of knowing their children can receive primary care conveniently, quickly and by professionals who know them well.

Where communities embrace this service, school health staff have found the service valuable and rewarding. The school-based health center staff may be separate from the school health services program. The school registered nurse assigned to the school is the link between school staff and school-based health center staff. He/she also provides triage for each of the student's health concerns so that school-based health centers are used efficiently. The school health suite is often used for both school health services and enhanced services of a school-based clinic.

Since school-based health centers are not in the scope of this guide, they are not addressed in the next chapter on facilities planning and design.

Chapter II

FACILITIES PLANNING AND DESIGN

Over the years, health services in our schools have steadily changed and expanded. Health issues have become more varied and complex. The strong relationship between a student's physical and psychological health and academic achievement has heightened the importance of school health services.

With a broadening of the number and type of health services come expanded functional requirements for the health suite. This chapter will present design concepts, State regulations, facility design, space requirements, and sample floor plans.

DESIGN CONCEPTS

- **Characterization of the Projected Student Population**

  The total number and characteristics of the anticipated student population at a school will dictate the space requirements and design of a health suite. At certain thresholds, the total number of students will trigger an increase in the square foot requirements. The number and characteristics of students requiring special education services at a school will impact on the amount and type of space requirements for a health suite. Designation of a school as a regional facility for providing special education services will increase functional and space needs.

- **Supervision**

  Visual supervision of all areas of the health suite is critical in providing a safe and secure environment. Health services staff must be able to scan visually most areas of the health suite and to monitor easily and quickly any self-contained rooms.

- **Privacy**

  Privacy must be provided for boy s and girl s rest areas, the examination room, the office/consultation room, and toilet room(s).

- **Confidentiality**

  Confidentiality must be maintained with regard to access to health records, during consultations between students and health services staff, and for telephone conversations of the health services staff or students.

- **Security**

  Secure locations must be provided in the health suite for health records, medications, and medical supplies or equipment.

- **Accessibility**

  Health suite facilities must be accessible and useable by individuals with disabilities. Accessibility guidelines of the Americans with Disabilities Act (ADA) must be met.

- **Sanitary Conditions**

  The health suite must be designed with finishes and details that support sanitary practices and are conducive to minimizing agents of infection or disease. Provisions must be made for medical waste storage and disposal.

STATE REGULATIONS

COMAR 13A.05.05.10A. School Health Services Standards - Health Facilities, Health Suite:

School buildings constructed or renovated are required to provide a health suite that meets the accessibility requirements of the ADA and, at a minimum, includes space for waiting, examination and treatment, storage, resting, a separate room for private consultation and

for use as the school health services professional's office, a toilet room, and lockable cabinets for storing health records and medications. A designated school health services professional must be involved at the local level in the planning of health suites for new schools or the renovation of existing schools.

THE FACILITY PLANNING PROCESS

In planning a new or renovated facility, many points of view and areas of knowledge must be tapped to ensure a well-designed facility. When a planning committee is assembled it must include the school health services supervisor or designee. Their involvement is important during preparation of the educational specifications, schematic design, and design development documents. The school health services supervisor should also have input into the selection of furniture and equipment.

FACILITY DESIGN

Activities

Activities will vary from school to school but typically include administering medications, administering a blood sugar level test, administering insulin, treating various minor injuries, calling a parent or guardian, attending to feminine hygiene, administering an inhaler, processing a parent pick-up of an ill or injured student, treatment of injuries, faxing information, maintaining student records, preparing reports, assisting a student with toileting, providing food or a snack for a student, resting on cot, taking a student's temperature, providing a pass to return to class, entering data, using the toilet room, or assisting a student with a diaper change.

Users

Staffing varies. The number of student visits will vary depending upon the student capacity of the school and the characteristics of the students. It is not unusual to have 50 to 60 daily student visits in an average size elementary or secondary school. For schools with a large student enrollment and/or that provide regional special education services, daily student visits of 60 to 80 are not unusual. Typical health suites experience almost a constant flow of students with only occasional lulls in visits.

Space Configuration/Relationships

- **Configuration**

  Health suites are often staffed by one individual. Because simultaneous activities will occur (e.g., telephone calls, parent arrivals, and students waiting, resting, taking medication or receiving treatment) spaces must be located to provide easy visual supervision by the health services professional. Resting areas should not be fully contained rooms but rather areas that can provide privacy for each cot with a draw curtain on a ceiling track. When a space must be enclosed (e.g., office or examination room) glazed wall areas should be provided.

  State regulations require a separate toilet room and a separate office/consultation room.

  Health suites often experience large numbers of student visits in a short period of time. The efficient flow of students and staff is important in providing quality services in the shortest amount of time.

  An examination room, in which more sensitive procedures (tube feeding, respiratory treatments, examinations requiring clothes removal) can occur, must provide privacy and confidentiality for students. In larger student capacity elementary and secondary schools an examination room should be provided. In small student capacity schools, consider the option of providing an efficiently sized single room that serves as an office as well as a consultation and examination room (see Space Requirements, page 11).

- **Relationships**

The health suite should be located for convenient access to parent/guardian pick-up of students and to emergency medical vehicles. Parent/guardian pick-up is, on average, a daily occurrence.

Proximity of the health suite to the main administrative offices is critical. The health services professional may be required to leave the health suite for any number of reasons. For example, they may have to retrieve an injured student from another location in the building or from an outdoor play area. Under these circumstances, other school staff must be easily accessed to temporarily manage the health suite. When a full-time health services professional is not available at a school, adjacency to the administrative offices must be provided for ease of supervision.

The incidence of accidents is greater during specific activities such as outdoor recess periods on play surfaces and fields, physical education, technology education, art, family consumer science, and some career education programs. Consideration should be given to locating the health suite as close as possible to the spaces likely to be the location of injuries. The goal is to minimize the response time by the health services professional to another location in the building or to transport a student to the health suite from the site of an accident.

Separate male and female rest areas should be provided at the middle and high school level.

Toilet rooms should be accessed without having to go through another functional space in the health suite such as a rest area. Ideally, students should be able to enter the health suite solely to use the toilet room without disrupting other activities.

The area for administering medications and performing daily maintenance activities, such as blood sugar tests, should be adjacent to the waiting area to facilitate the efficient flow of students.

Rooms used for consultations and examinations must be enclosed spaces with sufficient acoustical isolation to ensure complete privacy and confidentiality.

Utilities

- **Electrical** - Each cot area should have a separate control for lighting. A minimum of five duplex power outlets are required in the health suite to support data, voice, and video outlets. Additional power outlets are required at counter level and along walls to support other equipment. In the rest areas, power outlets should be located to avoid tampering by a student while resting on a cot.

- **Mechanical** - Systems must meet the current American Society of Heating, Refrigerating, and Air-Conditioning Engineers Standard - 62, Ventilation for Acceptable Indoor Air Quality. Currently the standard requires outside air of 15 cfm per person.

- **Plumbing** - A sink with cup, towel, and soap dispensers should be provided in the area where medications are administered and in the examination area. A shower, that meets accessibility guidelines of the Americans with Disabilities Act, should be provided in schools serving as regional special education facilities. A shower may be provided in other schools based on an evaluation of need.

- **Data, Voice, and Video** - The health suite should be provided with a minimum of two data, two voice and one video outlets. One data and one voice outlet should be located in the health services professional s office. One data and one voice outlet should be located in the treatment/ medication area. One printer should be provided. The health suite should have a separate telephone line to ensure confidentiality and to facilitate important contacts with parents, guardians, doctors, emergency medical personnel, and others.

Finishes

Countertops should be seamless to aid in maintaining sanitary conditions. The floor finish should be an easily cleaned non-absorbent material. Carpet should not be used in any areas of the health suite. A non-porous ceiling material should be specified. Vinyl-coated ceiling tile or painted drywall are acceptable choices.

Furniture and Equipment

The health suite requires a small residential style refrigerator/freezer to store medical supplies e.g. insulin, and food such as juice and snacks. The freezer should have an ice-maker. A separate referigerator must be provided if blood is stored, as required by the Occupational Safety and Health Administration. The health suite requires two computers (in the office and in the treatment area), a fax machine and an electronic connection and physical proximity to a copy machine. A wheelchair should be stored in the health suite.

The health suite in a school providing regional special education services should be furnished with a changing table. A covered trash container must be provided for medical waste.

Display

A small amount of tack board should be provided in the vicinity of the waiting area to display health care or other information of importance to students and staff.

Storage

The health suite will require wall and base cabinets, file cabinets and a storage room. A minimum of 12 linear feet of wall and base cabinets should be provided. State regulations require a portion of the cabinets to be lockable to house medications, medical supplies, and equipment. State regulations also require lockable file cabinets to store health records. It is anticipated that the required number of file cabinets will be reduced as the percentage of records stored on data networks increases. A lockable storage cabinet should be provided for the health services professional to place outer garments and other personal items. Minimum square footages for a storage room are presented under Space Requirements (see page 11). The storage room should include shelving and sufficient floor space to store a wheelchair and other large items. Consideration should be given to the storage of oxygen for students who presently or could, in the future, require oxygen supplementation. Cylinders should be secured in an upright position with a stand or clamps to avoid tipping. If oxygen is regularly stored in the health suite, the door to the storage room should include a sign to alert fire fighters.

SPACE REQUIREMENTS

The following space guidelines are based on the assumption that the health services suite is staffed by a minimum of a half-time (0.5) registered nurse or a half-time (0.5) licensed practical nurse. Below this minimum staffing suggests a reduction in health services - fewer services and/or less frequency of services. Accordingly, less commitment to staffing dictates a reduction in the space requirements. Please note that when the toilet room function is shown at 100 square feet, this represents two separate ADA accessible rooms. Also note that modifications to the minimum net square foot guidelines for regional special education schools are shown in parentheses. A minimum of one toilet room in a regional special education school should include a shower.

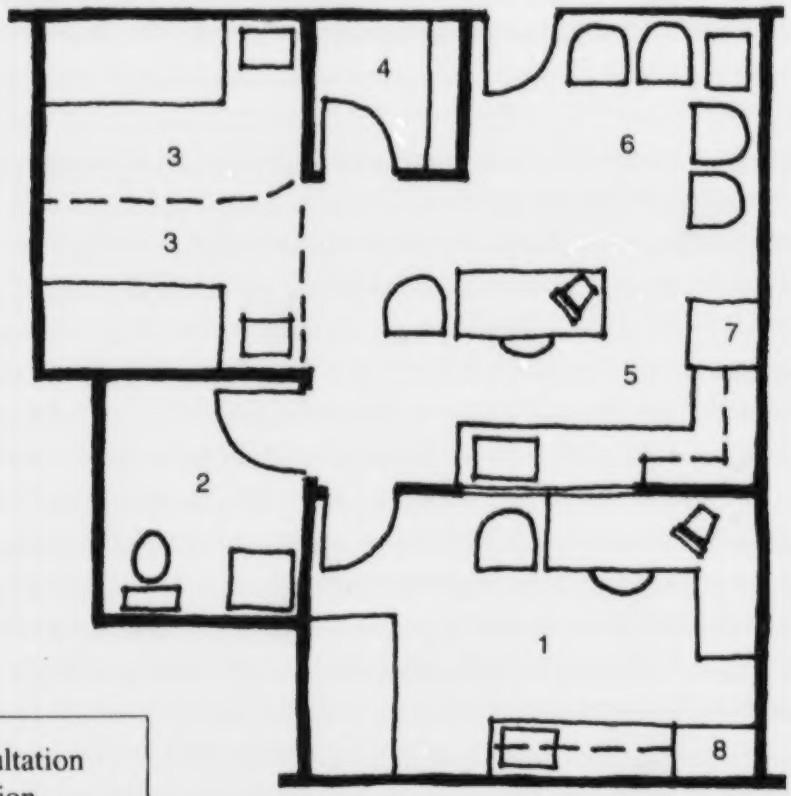
Minimum net square foot guidelines

ELEMENTARY SCHOOLS			
	Student Enrollment		
Function	< 300	< 600	> 600
Waiting	75	75	100
Treatment/Medication	100	100	120
Office/Consult/Exam	150	150 (100)	100
Examination/Isolation		(100)	100 (125)
Rest Areas	100	150	200
Toilet Room(s)	50 (60)	50 (60)	50 (100)
Storage Room	25 (30)	30 (40)	40
Total	500 (515)	555 (625)	710 (785)

MIDDLE/HIGH SCHOOLS			
	Student Enrollment		
Function	< 600	< 1200	> 1200
Waiting	80	100	150
Treatment/Medication	100	125	140
Office/Consult/Exam	150 (100)	100	100
Examination/Isolation	(100)	100 (125)	100 (125)
Rest Areas	200	200	200
Toilet Room(s)	50 (60)	50 (100)	100
Storage Room	30 (40)	40 (50)	50
Total	610 (680)	715 (800)	840 (865)

SAMPLE FLOOR PLANS

The following floor plans are presented to provide examples that reflect the design concepts and the minimum square foot requirements presented in this chapter.



1. Office/Consultation & Examination
2. Toilet Room
3. Rest
4. Storage
5. Treatment/Medication
6. Waiting
7. Refrigerator
8. Wardrobe

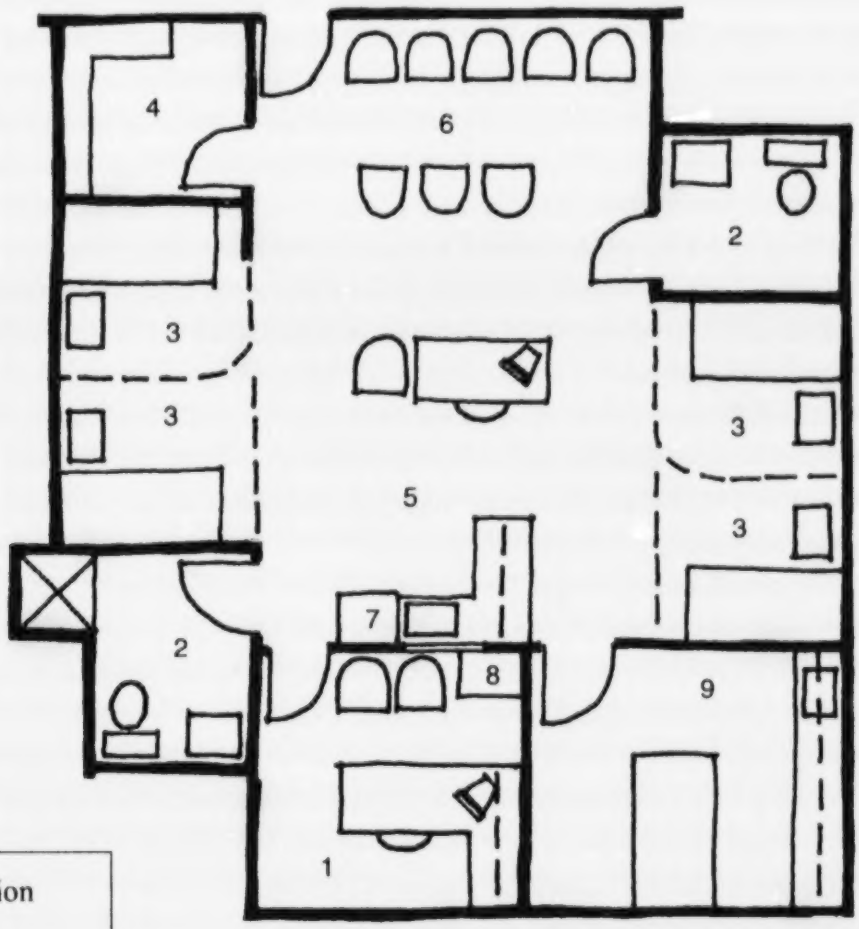
< 300 Capacity Elementary School

No Scale

< 600 Capacity Secondary School

No Scale

1. Office/Consultation & Examination
2. Toilet Room
3. Rest
4. Storage
5. Treatment/Medication
6. Waiting
7. Refrigerator
8. Wardrobe



1. Office/Consultation
2. Toilet Room
3. Rest
4. Storage
5. Treatment/Medication
6. Waiting
7. Refrigerator
8. Wardrobe
9. Examination/Isolation

> 600 Capacity Elementary/Regional Special Education School

< 1200 Capacity Secondary/Regional Special Education School

No Scale

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